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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

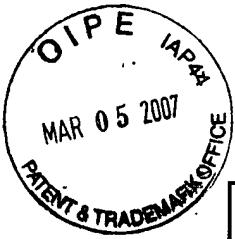
		Application Number	10/813,077
		Filing Date	March 31, 2004
		First Named Inventor	Makiko TANGO
		Art Unit	2859
		Examiner Name	G. K. Verbitsky
Total Number of Pages in This Submission	8	Attorney Docket Number	325772035200

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Jonathan Bockman		
Date	March 5, 2007	Reg. No.	45,640



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FEE TRANSMITTAL For FY 2006		Complete if Known	
<i>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Application Number	10/813,077
		Filing Date	March 31, 2004
		First Named Inventor	Makiko TANGO
		Examiner Name	G. K. Verbitsky
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2859
TOTAL AMOUNT OF PAYMENT (\$ 120.00)		Attorney Docket No. 325772035200	

METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below				<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17				<input checked="" type="checkbox"/> Credit any overpayments			
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
	Utility	300	150	500	250	200	100
	Design	200	100	100	50	130	65
	Plant	200	100	300	150	160	80
	Reissue	300	150	500	250	600	300
	Provisional	200	100	0	0	0	0
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues) Small Entity Fee (\$): 50 Fee (\$): 25							
Each independent claim over 3 (including Reissues) Small Entity Fee (\$): 200 Fee (\$): 100							
Multiple dependent claims Small Entity Fee (\$): 360 Fee (\$): 180							
Total Claims Extra Claims Fee (\$) Fee Paid (\$) 26 - 26 = _____ x _____ = _____				Multiple Dependent Claims Fee (\$) Fee Paid (\$) _____ - _____ = _____			
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 5 - 5 = _____ x _____ = _____				Fee (\$) Fee Paid (\$) _____ - _____ = _____			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) _____ - 100 = _____ /50 _____ (round up to a whole number) x _____ = _____				Fees Paid (\$) _____			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00							

SUBMITTED BY	
Signature	Registration No. (Attorney/Agent)
_____ Jonathan Bockman	45,640
Name (Print/Type)	Telephone (703) 760-7769
_____ Jonathan Bockman	Date March 5, 2007